

UTAH INSURANCE DEPARTMENT
SURVEY AND CERTIFICATION OF LIFE INSURANCE FORMS

Insurer Name _____ NAIC # _____

Address _____

Check only one of the following:

___ **I hereby certify that I have reviewed all life policy forms for a discretionary clause, allocation of authority, interpretation of plan, or similar provision. I FIND AND CERTIFY THAT NO POLICY FORMS CONTAIN A DISCRETIONARY CLAUSE, ALLOCATION OF AUTHORITY OR SIMILAR PROVISION.**

___ **I have reviewed all life insurance policy forms for a discretionary clause, allocation of authority, interpretation of plan, or similar provision. I FIND THE FOLLOWING POLICY FORMS CONTAIN SUCH A CLAUSE OR PROVISION:**

Form #s _____

- Enclosed is an endorsement deleting such clause from all affected forms.
- The endorsement will be sent to all policyholders by _____, 2002.

**THIS COMPLETED DOCUMENT MUST BE RECEIVED IN OUR OFFICE
BY AUGUST 30, 2002.**

Print Name _____ Title _____

Original Signature _____ Date _____